Name in Full — John L. Bullock — Certificate of Death

Died at — Town: Kent Co. — County: Queen Anne's — MARYLAND

Date 189 — Month: Sept. — Day: 11 — Age: — Y. — M. — D. — Native of — Occupation: Merchant

Male / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband of
Wife

Father's Name

Mother's Name — 57

Cause of Death — Primary: Heart disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by — Paul Jones, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full Littleton Hassell

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 189 9 Month 9 Day 22 | Age Y. 76 M. D. | Native of Md | Occupation

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced

Number of children living Seven

Husband Wife of Caroline Hawkins

Father's Name —— Mother's Name ——

Cause of Death: Primary Old age 141 How long sick Some months

Immediate Valvular disease of heart ~~Accident, Suicide, Homicide~~

Reported by E S Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

C. J. E

Name in Full | Certificate of Death

Mrs Jane Holland

Died at Town Ironshire County Worcester MARYLAND

Date 1899 Month Sept Day 16 | Age Y. 78 M. — D. | Native of Worcester | Occupation —

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of John H Holland

Father's Name — Mother's Name —

Cause of Death: Primary Heart-trouble 57 | How long sick 2 months

Immediate " " | Accident, Suicide, Homicide

Reported by John Holland

Address Ironshire Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. J. W. Pitts

of Berlin

Information contained in this certificate received from J. E. Blair

of Berlin

M. D. and

Name in Full

Certificate of Death

Jessie S. Jones

Died at Town Girdletree County Worcester MARYLAND

Date 1899 Month 9 Day 13 Age Y. 77 M. 8 D. 1 Native of Maryland Occupation Trucker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 10

Husband of Wife Lydia Hudson

Father's Name Caleb Jones Mother's Name Martha Sturges

Cause of Death Primary Cardiac hypertrophy How long sick Few hours

Immediate Cerebral Hemorrhage ~~Accident, Suicide, Homicide~~

Reported by C. H. Bennum M.D. 42

Address Girdletree

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Isaac L Littleton

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month 9. Day 17 | Age Y. M. D. | Native of Worcester | Occupation

Male White Married ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband of~~ Wife Ella Littleton

Father's Name

Mother's Name

Cause of Death { Primary Grace 140 How long sick 3 months

Immediate " Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr._____

of_____

Information contained in this certificate received from_____

of_____

Name In Full Helen B. Magee

Certificate of Death

Died at Town Ocean City — County Worcester — MARYLAND

Date 189 Month Sept — Dey 4 — Y. M. D. Age 22 — Native of Washington D.C. — Occupation

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband / Wife of

Father's Name L. H. Magee — Mother's Name

Cause of Death — Primary: Appendicitis 95 — How long sick: three Weeks

Immediate: Appendicitis — ~~Accident, Suicide~~, Homicide

Reported by Compton Riely M.D.

Address 710 E. 21st St Balto Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79P7R

Attended by Dr. Compton Riley Sr. Dr.

of Baltimore

Seen by Coroner

of

Information contained in this certificate re-
ceived from

of J. E. Wise M.D.

Name in Full William Mitchell

Certificate of Death

Died at near Town Berlin County Worcester MARYLAND

Date 1899 Month 9 Day 15 Age Y. 46 M. D. Native of Maryland Occupation Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 7

Husband ~~Wife~~ of Annie Mitchell

Father's Name Joshua Mitchell Mother's Name unknown

Cause of Death Primary Appendicitis 95 How long sick two Arcs

Immediate " " " ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr E. J. Dirickson

Address Berlin Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

C. J. E

Name in Full Infant Parsons

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month 9 Day 17 | Age Y. M. D. Six mo | Native of Worcester | Occupation —

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name John Parsons

Mother's Name —

Cause of Death: Primary — 161 How long sick

Immediate —

Accident, Suicide, Homicide

OVER

Reported by Dear Fossitt

Address Berlin Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. _____

of _____

Information contained in this certificate re-
ceived from Dean Fassett

of Berlin

Md

J E Wise F.D.

Name In Full: Mrs Sallie Waters

Certificate of Death

Died at: Town: Near Pocomoke City; County: Worcester Co; MARYLAND

Date 1899 Month: Sept Day: 20 | Age Y. 49 M. D. | Native of: Md | Occupation: wife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband of~~ Wife: Geo, Waters

Father's Name: Irvin Boggs

Mother's Name: Ellen Boggs

Cause of Death: Primary: Valvular disease of heart — How long sick: More than a year

Immediate: Heart failure 57

~~Accident, Suicide, Homicide~~

Reported by: Dr. J. H. King,

Address: Pocomoke City, Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name In Full

Certificate of Death

Eva Watson

Died at Town Girdletree, County Worcester MARYLAND

Date 1899 Month 7, Day 31 | Age Y. 0 M. 6 D. 24 | Native of Md. | Occupation — — —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ of ~~Wife~~

Father's Name Alford Watson

Mother's Name Lucy Watson

Cause of Death: Primary Whooping Cough — How long sick Two weeks

Immediate Convulsions — ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. H. Bennum, M.D.

Address Girdletree, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker ~~or~~ minister.

LIBRARY BUREAU, 79[illegible]

Name In Full Florance Williams

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month Sept Day 6 | Age Y. M. D. 30 years | Native of Maryland | Occupation Servant girl

~~Male~~ Female ~~White~~ Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife Cyrus Williams

Father's Name Charles Taylor Mother's Name

Cause of Death Primary 22a How long sick 3 months

Immediate Consumption ~~Accident, Suicide, Homicide~~

Reported by Curtis J Evans & Son undertakers

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79868

Attended by Dr. no attendance

of .....

Seen by Coroner .....

of .....

C.J.E

Information contained in this certificate received

from .....

of .....